## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Feb 07, 2008 8:00 am **Secretary of State** 02-07-2008 90026 049 \*\*\*150.00 DOCUMENT # P95000023628 1. Entity Name TOM HUNTER, INC. 400cc Principal Place of Business Mailing Address 13033 LANIER RD 13033 LANIER RD JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32226 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3301982 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUNTER, TROY 'III' Street Address (P.O. Box Number is Not Acceptable) 13033 LANIER RD JACKSONVILLE, FL 32226 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition HUNTER, TROY T III NAME NAME 13033 LANIER RD STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32226 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME HUNTER, CARLA A STREET ADDRESS 13033 LANIER RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32226 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition **HUNTER, LOUISE E** NAME NAME STREET ADDRESS 6475 IMMOKALEE RD STREET ADDRESS CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUNTER, JEFFREY T NAME NAME STREET ADDRESS 13033 LANIER ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32226 CITY-\$T-ZIP TITI F TITLE ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone (

FILED